

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395983	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/22/2025
NAME OF PROVIDER OR SUPPLIER  Kearsley Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2100 North 49th Street Philadelphia, PA 19131	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46508</p> <p>Based on review of clinical records, review of facility policy, and interviews with staff, it was determined that the facility failed to develop and implement a comprehensive care plan related to wound care for one of 6 residents observed (Resident R1).</p> <p>Findings include:</p> <p>Review of facility policy Care Planning revealed the facility's interdisciplinary team is responsible for the development of an individualized comprehensive care plan for each resident. Continued review of facility policy revealed a comprehensive care plan for each resident is developed within seven (7) days of completion of the Resident Assessment (MDS).</p> <p>Review of Resident R1's clinical record revealed that Resident R1 was originally admitted to the facility on [DATE], and was most recently readmitted to the facility on [DATE], with diagnoses of but not limited to Cerebral Infarction, Unspecified Severe Protein Calory Malnutrition, Adult failure to Thrive.</p> <p>Review of Resident R1's admission MDS (minimum data set- a federally required resident assessment completed at a specific interval) assessment dated [DATE], revealed that Section M0150 Risk of Pressure Ulcers/Injuries was coded 1 (yes) indicating that Resident R1 was at risk of developing pressure ulcers/injuries. Section M0210 Unhealed Pressure Ulcers/Injuries was coded 0 (No) indicating that Resident R12 did not have one or more unhealed pressure ulcers/injuries. M1040. Other Ulcers, Wounds and Skin Problems #H. Moisture Associated Skin Damage (MASD) (e.g., incontinence-associated dermatitis [IAD], perspiration, drainage) was checked.</p> <p>Review of wound note dated December 9, 2024, revealed WOUND ASSESSMENT: Wound: 1 Location: right dorsal foot</p> <p>Primary Etiology: Abrasion Stage/Severity: Full Thickness NEW: Right Dorsal Foot: cleanse with NSS, apply medical grade honey Daily and PRN, cover with bordered foam. Monitor site for signs and symptoms of infection- bogginess, drainage, erythema. The patient was noted to have a suspected abrasion. Recommend preventing further skin injury by avoiding friction/shear, careful handling during ambulation, assistance, and transfer, use of daily emollients, long sleeves and pants when possible, and preventing use of adherent tape directly to skin.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Skin and wound note revealed that on December 9, 2024, Nurse Practitioner was asked by facility to see Resident R1 for new skin opening to right dorsal foot, found by nursing. On December 20, 2024, Resident R1 was seen for follow up. Resident R1 with new skin opening to sacrum and right dorsal foot, found by nursing per staff. Assessment:</p> <p>Abrasion, right foot, Pressure ulcer of sacral region, Pressure-induced deep tissue damage of right heel</p> <p>PLAN: Wound # 1 right dorsal foot Abrasion Treatment Recommendations: 1. Cleanse with normal saline. 2. apply Medical grade honey to base of the wound. 3. secure with Bordered foam. 4. change Daily, and PRN (as needed).</p> <p>PREVENTATIVE MEASURES: Monitor skin under braces, prosthetics, splints, casts, and other non-removal devices. Continue to float heels while in bed with use of heel boots. NEW RECOMMENDATIONS: Continue the above treatment plan and recommendations. Debridement completed to sacrum and right dorsal foot. Monitor site for signs and symptoms of infection- bogginess, drainage, erythema. Pain management per PCP (Primary Care Physician). The patient has multiple factors that may impair wound healing, including impaired mobility, impaired nutrition, cognitive impairment, risk of dehydration/malnutrition, Failure to Thrive, previous CVA (Cerebral Vascular Disease- stroke), advanced age, multiple wounds, enteral feeds</p> <p>Review of Resident R1's care plan revealed that the full thickness abrasion on Resident R1's dorsal foot was not addressed in the care plan.</p> <p>Interview with the Director of Nursing Employee E2 conducted on January 22, 2025, at 1:12 p.m. confirmed that care plan to address the full thickness abrasion Resident R1's right dorsal foot was not developed.</p> <p>28 Pa. Code 211.10 (c) Resident care policies.</p> <p>28 Pa. Code 211.10 (d)(1) Nursing services</p>		